

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE			
						APPLICANT(S)				
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1		7					51			
10 2	1						52			
3							53			
4							54			
5							55			
6							56			
7							57			
8							58			
9							59			
10							60			
11							61			
12							62			
13							63			
14							64			
15							65			
16							66			
17							67			
18							68			
19							69			
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40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	18		19				TOTAL IND.			
TOTAL DEP.	120						TOTAL DEP.			
TOTAL CLAIMS	138						TOTAL CLAIMS			

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**89779875**

APPLICANT(S)

FILING DATE  
**02/16/01**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	(					
2	1					
3	1					
4	1					
5	1					
6	1					
7	1					
8	1					
9	1					
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11	1					
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38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1516					
50	161					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51	1							
52	1							
53	1							
54	1							
55	1							
56	1							
57	1							
58	1							
59	1							
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91	1							
92	1							
93	1							
94	1	1						
95	1							
96	1							
97	1							
98	1							
99	1							
100	1	1						
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								